

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/539877**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1 2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	+	1					58						
9	+	1					59						
10	+	1					60						
11		1					61						
12	+	1					62						
13	+	1					63						
14		1					64						
15		1 2					65						
16		1					66						
17	+	1					67						
18		1					68						
19	1	1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
27							77						
28							78						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24						TOTAL CLAIMS						